

LAND APPLICATION AGREEMENT FORM

By signing this Agreement form, both parties agree to the terms and conditions for the land application of soil or water containing pesticides, herbicides, fertilizers, or soil conditioners removed from _____ site in accordance with the rates, crops/beneficial use, application timing, and acres as approved by the KDHE/BER project manager and summarized below. The responsible / voluntary party agrees to report to KDHE within 30 days of the completion of land application.

Both parties understand that the KDHE may monitor compliance with the terms of this work plan by conducting on-site inspections, sampling, or other oversight activities. KDHE reserves the right to modify or rescind this proposal for just and reasonable cause upon written notification to the parties.

Name of Responsible / Voluntary Party
Please print or type

Name of the Applicator
Please print or type

Signature

Date

Signature

Date

*KS Pesticide Applicator Business License Number _____

*If landowner is applying the material to his own land a KS Pesticide Applicator Business License is not required

As Landowner of the property that is to receive the land application, I, _____ agree to provide access to my property for the purposes of land application at rates approved by KDHE. I also agree to comply with all applicable restrictions stated on the label of the products determined to be present in the contaminated material being land applied, and to follow reasonable agronomic practices that take into account contributions from this application in my future pesticide, nutrient, and fertility program.

I understand and agree that the KDHE may monitor compliance with the terms of this work plan by conducting on-site inspections, sampling, or other oversight activities. KDHE reserves the right to modify or rescind this proposal for just and reasonable cause upon written notification to the parties.

Name of Land owner (Please print or type)

Signature

Date

THIS SECTION COMPLETED BY THE KDHE PROJECT MANAGER

Land Application Criteria

Location of Source Material: _____	
Volume of Soil: _____ cubic yards	Volume of Water: _____ gallons
Approved Crop/Approved Use: _____	Material will be applied to at least: _____ acres
Approved Application Rate: _____ cubic yards/acre	Approved Application Schedule: __/__/__ to __/__/__
Approved Location for Application: S _____ T _____ R _____ E / W Township Range Section	County: _____

8/8/02

Name of KDHE/BER Project Manager (Please print or type) Signature

Date

COMPLETING THE LAND APPLICATION AGREEMENT FORM

These instructions will assist the preparer to complete the KDHE Land Application Agreement Form for land application of contaminated soil and/or water. The Agreement Form is to be legibly printed in ink, or typed.

1. Provide the name of the site, or incident location, from which the contaminated material is being removed for land application. Use the same name as that in Section 1 of the Land Application Work Plan.
1. Provide the name of the responsible/voluntary party (owner of the property from which the contaminated material is being removed); that person is to sign and date the application.
1. Provide the name of the applicator who will perform the land spreading. If the applicator is a commercial applicator include the name of the company, Pesticide Applicator License Number, and dated signature of the applicator.
1. Provide the name of the owner of the property on which the land application will occur; that person is to sign and date the application. If the property is commercially owned, provide the name of the institution; the manager or operator of the property is to sign and date the agreement form.